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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/290,725 11/08/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 10/09/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

System and process for matching patients with clinical medical trials

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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